

INITIAL REGISTRATION APPLICATION Form Code: PSS_RA Fee Code: 110 Application Fee - \$25.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online: www.dcjs.org/privatesecurity/watson.cfm Application Fees are Non-Refundable	COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services Private Security Services Section P.O. Box 10110 Richmond, VA 23240-9998 Phone #: (804) 786-4700; Fax #: (804) 786-6344 Website: www.dcjs.org/privatesecurity Status Hotline: (804) 786-1132 or 1-877-9STATUS
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- Applicant Name: _____

Last Name
First Name
MI
- Social Security Number _____ Date of Birth _____

mm/dd/yy
- Mailing Address: _____

Number and Street
City/Town
State
Zip
- Telephone: Residence _____ Business _____ Fax _____
- May the Department provide information via an e-mail address? ☐ Yes ☐ No
- E-Mail Address: _____
- Are you currently employed by a Private Security Business ☐ Yes ☐ No
 If yes, Business Name: _____ DCJS ID# 11-_____
- Registration Category(s) Requested: (Check each that apply)

<input type="checkbox"/> Private Investigator	<input type="checkbox"/> Alarm Respondent
<input type="checkbox"/> Personal Protection Specialist	<input type="checkbox"/> Central Station Dispatcher
<input type="checkbox"/> Security Canine Handler	<input type="checkbox"/> Electronic Security Technician
<input type="checkbox"/> Unarmed Security Officer/Courier	<input type="checkbox"/> Electronic Security Technician Assistant
<input type="checkbox"/> Armed Security Officer*	<input type="checkbox"/> Electronic Security Sales Representative
<input type="checkbox"/> Armored Car Personnel*	

****Note: If you carry or have immediate access to a firearm in the performance of your duties, you will need to apply for and be issued a firearms endorsement (Form PSS_RF).***

- Have you completed all required mandated entry-level or in-service training for selected categories?
☐ Yes Course Name: _____ Date Completed: _____

mm/dd/yy

 Course Name: _____ Date Completed: _____

mm/dd/yy

 Course Name: _____ Date Completed: _____

mm/dd/yy

(if additional space is needed, please attach a separate piece of paper)

- ☐ No If No, this application cannot be processed until training has been completed, for more information view our website www.dcjs.org/privatesecurity or contact our customer service representatives for training requirements.

10. Have you submitted fingerprints to this Department for a National and State Criminal History Check within the past 12 months?

☐ Yes

☐ No If No, please complete and submit a Fingerprint application form PSS_FP, a fingerprint card and \$50.00 processing fee for a national and state criminal history check or this application cannot be processed..

11. Are you currently registered or certified in a private security category in any other state or jurisdiction?

☐ No ☐ Yes If yes, please submit written notification of state(s) or jurisdiction(s)

12. Have you committed any act or omission which resulted in a license or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

☐ No

☐ Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-171.

Applicant's Signature _____ Date: _____
mm/dd/yy